

State of California
Milk Handler's License
Renewal Application - Processor

Department of Food and Agriculture
Dairy Marketing Branch
1220 N Street
Sacramento, CA 95814
Telephone: (916) 341-5988
Fax: (916) 341-6697
E-mail: dairy@cdfa.ca.gov

The undersigned hereby applies for a license pursuant to Chapter 2, Part 3, Division 21; or Chapter 1, Part 3, Division 21 of the Food and Agricultural Code

Two year License Fee \$25.00 for the Period Ending December 31, 2005
Penalty Fee of \$25.00 if not postmarked by December 31, 2003

Please print or type
Handler Number:

| | | | |
|---|-----------|------------|-----------------|
| 1. Date Business Started Operation: | Telephone | FAX Number | E-mail Address: |
| 2. Business Name DBA: | | | |
| 2a. Parent Company (If Applicable): Legal Entity (If Applicable): | | | |
| 3. Plant Location | | | Zip Code |
| 4. Business Mailing Address | | | Zip Code |

5. Check Appropriate Box **Individual** **Partnership** **Corporation** **LLC/LLP**

6. Individual, Members of Partnership, or Officers of Corporations Must Answer the Following:

| Name and Title | Address | Phone Number |
|----------------|---------|--------------|
| | | |
| | | |
| | | |
| | | |

7. If a Corporation, list names and address of persons holding more than 25% of the stock on a separate sheet.

| | | |
|-------------------------|--------------------|------------------------|
| 7a. State Incorporated: | 7b. Corporate No.: | 7c. Date Incorporated: |
|-------------------------|--------------------|------------------------|

8. Will you purchase or acquire ownership or control of milk in unprocessed or bulk form from a producer, a producer-handler, or another milk handler for the purpose of manufacturing, processing, sales, or other handlings? **Yes or No**
(please circle one)

| 9. Source of Bulk Raw Milk | Daily Gallons | Source of Bulk Raw Milk | Daily Gallons |
|---|---------------|------------------------------|---------------|
| A. Own production | | C. Co-op or Producer-Handler | |
| B. Contract producers (Direct Shippers) | | D. Bonded Handler | |
| Name | | Name | |

10. Have you entered into a written contract with all producers from whom bulk milk is purchased? **Yes or No**
(Please circle one)

11. Type of product(s) manufactured (example: bottled milk, cheese, ice cream, yogurt).

12. Name of Bonding Company _____ Telephone Number _____

13. Amount of Bond \$ _____

*****Legal entity of license applicant and bond principal must be the same*****

Answer all questions applicable to your business on the reverse side

| | | | | | |
|---|----------------|--------------|--|----------------|--------------|
| 14. Have you or any member of the partnership or officer of the corporation ever: | | | | | |
| Been denied or refused a license? Had a license revoked or suspended? | YES YES | NO NO | 14c. If so, is payment still owed to any milk producers? | YES YES | NO NO |
| Received a conditional license? Had payment made from a Surety Bond? | YES YES | NO NO | 14d. Have you ever failed to pay agricultural producers for their products? | YES YES | NO NO |
| 14a. Have you or any member of the partnership or officer of the corporation ever been convicted of a felony? | YES YES | NO NO | 14e. Are you now or have you ever been licensed as a milk producer in any other state? | YES YES | NO NO |
| 14b. Have you or any member of the partnership or the corporation received a 24-hour Demand Notice for failure to pay milk producers? | YES YES | NO NO | | | |

If any of the above boxes are checked "yes", explain fully on a separate sheet.

Application **must** be signed by the individual, by a member of the partnership, or an officer of the corporation under penalty of perjury.

| | | | |
|-----------------------------|-------------------|--------------|-------------|
| Authorized Signature | Print Name | Title | Date |
|-----------------------------|-------------------|--------------|-------------|

The Department of Food and Agriculture has established time periods for the processing of permit applications, in compliance with Government Code sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, Sacramento, CA 95814, pursuant to regulations set forth in Title 3, California Code of Regulations, section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

**Attach check or money order to completed application and return to:
 Cashier, Department of Food & Agriculture
 P. O. Box 942872
 Sacramento, CA 94271-2872**

| FOR DEPARTMENT USE ONLY | | | |
|--|---|--|--|
| LICENSE #: _____ RC #: _____ AMOUNT: _____ LICENSE FEE: _____ RC #: _____ AMOUNT: _____ | DATE: _____ LINE: _____ PENALTY: _____ DATE: _____ LINE: _____ | | |